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Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90019 042 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000029590

1. Corporation Name

AQUA TECHNOLOGIES GROUP, INC.

Principal Place of Business

901 CASALINO RD  
FT. PIERCE FL 34945  
US

Mailing Address

5773 DEER RUN DR  
FT. PIERCE FL 34951  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

59-3397797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1530 E. 128th Avenue

Suite, Apt. #, etc.

22 City & State

23 Tampa, Florida

24 Zip

25 33612

Country

2a. Mailing Address

26 1530 E. 128th Avenue

Suite, Apt. #, etc.

27 City & State

28 Tampa, Florida

29 Zip

30 33612

Country

9. Name and Address of Current Registered Agent

HSIAO, SHYH-MIN T PH.D.  
5773 DEER RUN DR  
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name Hsiao, Shyh-Min T. ph.D.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1530 E. 128th Avenue

84 City Tampa

FL

85 Zip Code

33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SHYH-MIN, TOM H

STREET ADDRESS 6103 BALSAM DR

CITY-ST-ZIP FT. PIERCE FL 34982

TITLE PDS ☐ DELETE

NAME SHYH-MIN, TOM H

STREET ADDRESS 5773 DEER RUN DR

CITY-ST-ZIP FT PIERCE FL 34951

TITLE D ☒ DELETE

NAME HARRIS, CRAIG M

STREET ADDRESS 2106 SCENIC DRIVE

CITY-ST-ZIP BRANDON FL 39042

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)